

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	1600
CD-ROM or CD-R?::	None
Title::	AT LEAST PARTIAL PREVENTION AND/OR REDUCTION OF CELLULAR DAMAGE IN TISSUE THAT HAS SUFFERED FROM OR IS SUFFERING FROM HYPOXIA AND/OR ISCHAEMIA AND/OR INFLAMMATION
Attorney Docket Number::	2183-6141US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	21
Small Entity::	No

**Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country:	The Netherlands
Status::	Full Capacity
Given Name::	Wouter
Middle Name::	Bernard
Family Name::	Veldhuis
City of Residence::	Utrecht
State or Province of Residence::	
Country of Residence::	The Netherlands
Street of mailing address::	Laan van Soestbergen 27-BIS
City of mailing address::	Utrecht
State or Province of mailing address::	

Country of mailing address::	The Netherlands
Postal or Zip Code of mailing address::	3582 SR
Applicant Authority type::	Inventor
Primary Citizenship Country:	The Netherlands
Status::	Full Capacity
Given Name::	Petrus
Middle Name::	Hendrikus
Family Name::	van der Meide
City of Residence::	Nootdorp
State or Province of Residence::	
Country of Residence::	The Netherlands
Street of mailing address::	Kastanjelaan 2
City of mailing address::	Nootdorp
State or Province of mailing address::	
Country of mailing address::	The Netherlands
Postal or Zip Code of mailing address::	2631 HT
Applicant Authority type::	Inventor
Primary Citizenship Country:	The Netherlands
Status::	Full Capacity
Given Name::	Klaas
Middle Name::	
Family Name::	Nicolay
City of Residence::	Houten
State or Province of Residence::	
Country of Residence::	The Netherlands
Street of mailing address::	Tournooikamp 12
City of mailing address::	Houten
State or Province of mailing address::	
Country of mailing address::	The Netherlands
Postal or Zip Code of mailing address::	3992 CM

**Correspondence Information**

Correspondence Customer Number:: 24247

**Representative Information**

Representative Customer Number:: 24247

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	PCT/NL01/00217	04/03/02

**Assignee Information**

Assignee Name:: Universitair Medisch Centrum Utrecht  
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Country of mailing address:: The Netherlands  
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